

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2016
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/25/2016 | |
| NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00205213, IN00206452, and IN00207470.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00204143 completed on July 12, 2016.</p> <p>Complaint IN00205213 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00206452 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00207470 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: August 23, 24 and 25</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Census bed type: SNF/NF: 65 SNF: 5 Total: 70</p> <p>Census payor type: Medicare: 3 Medicaid: 57 Other: 10 Total: 70</p> <p>Sample: 9</p> <p>Harcourt Terrace Nursing and Rehabilitation was found to be in compliance with 42 CFR 483,</p> | | | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000 | Continued From page 1 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00205213, IN00206452, and IN00207470. Quality Review was completed by 21662 on August 26, 2016. | F 000 | | | |